

The additional two circles are exposed when the cover or flap is removed.

Remember to check the expiration date of all cards before each use.

<div style="text-align: center;">○ ○</div>	
<div style="text-align: center;">-----</div>	
<div style="text-align: center;">000M111</div>	<div style="text-align: center;">000M111</div>
<div style="text-align: center;">○ ○ ○ ○ ○</div>	
<div style="text-align: center;">○ ○ ○ ○ ○</div>	
<div style="text-align: center;">-----</div>	
<div style="text-align: center;">000M111</div>	<div style="text-align: center;">FOR UDOH LAB ONLY - DO NOT MARK</div>
<div style="text-align: center;">000M111</div>	<div style="text-align: center;">FOR UDOH LAB ONLY - DO NOT MARK</div>
<div style="text-align: center;">-----</div>	
<div style="text-align: center;">UTAH DEPARTMENT OF HEALTH MISCELLANEOUS NEWBORN SCREENING FORM BLOCK PRINT ALL CAPITALS - COMPLETE ENTIRE FORM</div>	
<div style="text-align: center;">FORM EXPIRES December 2007</div>	
<div style="text-align: center;">Medical Record Number</div>	<div style="text-align: center;">Sample collection date MM/DD/YYYY</div>
<div style="text-align: center;">Baby's last name</div>	<div style="text-align: center;">Baby's first name</div>
<div style="text-align: center;">Birthplace/Hospital</div>	<div style="text-align: center;">Birthdate MM/DD/YYYY</div>
<div style="text-align: center;">Breast <input type="radio"/> Bottle <input type="radio"/> Adopted <input type="radio"/> Premature/sick <input type="radio"/> Transfusion date: <input type="radio"/></div>	<div style="text-align: center;">BIRTHWEIGHT (gms)</div>
<div style="text-align: center;">Mother's legal last name</div>	<div style="text-align: center;">Mother's legal first name</div>
<div style="text-align: center;">Mother's maiden name</div>	
<div style="text-align: center;">Mother's mailing address</div>	
<div style="text-align: center;">City</div>	<div style="text-align: center;">State Zip</div>
<div style="text-align: center;">Mother's Birthdate MM/DD/YYYY</div>	<div style="text-align: center;">Mother's Area Code & Phone</div>
<div style="text-align: center;">Baby's Medical Home: Doctor's Name / Clinic Name</div>	
<div style="text-align: center;">Baby's Medical Home: Doctor's Name / Clinic Address</div>	
<div style="text-align: center;">City</div>	<div style="text-align: center;">State Zip</div>
<div style="text-align: center;">Baby's Medical Home: Doctor's / Clinic's Area Code & Phone</div>	
<div style="text-align: center;">TEST REQUESTED - Mark One</div>	
<div style="text-align: center;">First Screen <input type="radio"/></div>	<div style="text-align: center;">Second Screen <input type="radio"/></div>
<div style="text-align: center;">RECALL SCREEN MARK ONLY IF INSTRUCTED</div>	
<div style="text-align: center;">Unacceptable 1st <input type="radio"/></div>	<div style="text-align: center;">Positive <input type="radio"/></div>
<div style="text-align: center;">Unacceptable 2nd <input type="radio"/></div>	<div style="text-align: center;">POST-TRANSFUSION <input type="radio"/></div>
<div style="text-align: center;">BELOW FOR UDOH LAB ONLY - DO NOT MARK</div>	
<div style="text-align: center;">Sample Unacceptable ▶ <input type="radio"/></div>	

Please do not separate any part of this form before sending it to the State Lab.